



User Agreement for Confidential Information

You are being asked to read and sign the agreement below, which describes your responsibilities regarding the use of confidential information.

- 1) I acknowledge that the Office of Twenty-first Century Scholars/SSACI has provided me with information technology and access to confidential information to assist me in the execution of my duties and responsibilities associated with the Twenty-first Century Scholars Program.
- 2) I understand that this information technology and the confidential information provided to me is to be used strictly to conduct Scholar Program business, and that the confidential information received is not to be used for personal and/or non-official purposes.
- 3) I will not engage in unauthorized access or jeopardize the security and/or confidentiality of participants in the Twenty-first Century Scholars Program, and I will not permit others, including but not limited to co-workers, to use confidential information, which the Twenty-first Century Scholars Program/SSACI has provided me.
- 4) I am aware that inappropriate use of confidential information may result in action being taken against me. I am also aware that the Twenty-first Century Scholars Program retains the right to pursue prosecution when abuse, either intentional or neglectful, of confidential information is suspected to be in violation of law.
- 5) I understand that all information I enter or retrieve from any data source, including but not limited to: rosters, list serves, e-mail and the world wide internet, including communications occurring through it, may be subject to the Access to Public Records Act, Indiana Code 5-14-3. Unless exempted by law, information placed on or retrieved from the Internet is a public record and, therefore, eligible for public disclosure.
- 6) I understand that confidential information may include, but is not limited to social security numbers, addresses, and telephone numbers. If I am uncertain whether information is confidential, I will refrain from sharing this information and secure clarification of the information before it is disseminated.
- 7) I hereby acknowledge that I have read this document, fully understand it, and agree to abide by it as a condition of the agreement.

Counselor: ☐ High School ☐ Jr. High School ☐ Jr/Sr High School

Name: _____
Title: _____
E-Mail: _____
School Name: _____
School Address: _____

Phone: _____ xxx-xxx-xxxx
Fax: _____ xxx-xxx-xxxx

Signatures:

Counselor _____ Date: _____ (mm/dd/yyyy)

Twenty-first Century Scholars Director: _____ Date _____ (mm/dd/yyyy)

User ID request for SEAS ☐